Rhode Island Department of Environmental Management

Office of Boat Registration & Licensing 235 Promenade Street Room 360 Providence RI 02908-5767 (401) 222-6647 TDD (401) 222-4462

NON-RESIDENT PRINCIPAL EFFORT LICENSE RENEWAL APPLICATION

Mailing Address		Residence Address (Cannot be	a PO Box)	
Name:		_		
Oli CC1		Street:		
City,State,ZIP:		City,State,ZIP		
Applicant ID:		_ DOB:	DOB:	
Current License I	nformation	New License Information:		
License Type:		License Type:		
License Description:		License Description:		
License Number:		License Number:		
Expiration Date:		Expiration Date:		
Occupation:				
*** (MUS	ST BE RENEWED N	IO LATER THEN 02/28/2	005) ***	
Renewal Grace Period with \$200.00 Late Fee March 1, 2005 – April 29, 2005				
The information below is <u>REQUIRED</u> in order to renew your license				
Gear Type	Non-binding For Informational purposes ONLY	Principal Effort License	\$400.00	
	Please check all that apply	(Please circle your Primary F	ishery Below)	
Rod & Reel		Restricted Finfish or Non Restricted Finfish		
Otter Trawl		Fishery Endorsements		
Fish Pot		(Additional \$100.00 Each)		
Lobster Pot		Non Restricted Finfish	\$	
Bullrake		Restricted Finfish	\$	
Other (Please specify)				
		TOTAL DUE:	\$	
 NOTES Applicants identifying Restricted Finfish must meet State reciprocity criteria Please make check or money order payable to: State of Rhode Island-DEM & mail or deliver to address above 				
Declaration A	Application	ning must be declared on a Commerc		
Licensing		v.state.ri.us/dem or The Office of Boa	-	
application fo	or marine license	Certification per RI GL§ 5-76 and 31-3	,	
I hereby certify that the information contained herein is true and correct::				
Signature: Date :				
Telephone # : (Optional)				